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ABSTRACT

GRADS (Graduation, Reality, and Dual Role Skills) is a vocational home economics in-school, secondary program for pregnant students and/or young parents. Curriculum for the program, designed to keep students in school until graduation, includes positive prenatal and postnatal care; child development and parenting education; and goal setting toward combining roles of parent, employee, and student. The GRADS instructional program provides individualized instruction, counseling, and networking for each student. This report describes the GRADS program; gives a portrait of an adolescent parent; discusses medical implications of pregnancy for adolescents; and examines economic, social, and emotional implications of being pregnant and of becoming a parent. It notes that, as a result of the GRADS program in Lawrence County, Ohio, there has been a reduction in the school dropout rate for pregnant girls and young fathers. The dropout rate of 12% for the 1,281 students enrolled in the 1984-85 GRADS program is compared to a national dropout rate of 80% for adolescent parents. (NB)

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GRADS-A PROGRAM THAT WORKS FOR PREGNANT TEENS AND ADOLESCENT PARENTS

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"Building Family Strengths Conference"
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May 13, 14, and 15, 1987

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GRADS–A PROGRAM THAT WORKS FOR PREGNANT TEENS AND ADOLESCENT PARENTS

Childbearing by teenagers is still one of society's ever increasing problems. Fifty percent of young people between the ages of 15 to 19 are sexually active (McGuire). Sexual messages are everywhere. According to the Guttmacher Institute study, in 1975, close to 13 million girls worldwide became mothers before becoming adults. One in five women who give birth each year is an adolescent. Ninety-six percent of these teenage mothers aren't married, but keep their babies.

In Ohio in 1984, there were nearly 16,000 white infants and over 5,000 black infants born to teen mothers. The Ohio counties with the highest teen pregnancy rates are rural Appalachian communities with virtually all white population, such as Lawrence County (Children's Defense Fund –Ohio, 1986).

GRADS is one program in today's schools that deals with the teenage pregnancy problem. Ohio is leading the way by pioneering this unique approach in meeting the needs of pregnant teens and adolescent parents. The main goal of the program is to keep these teens enrolled until they graduate.

Curriculum includes: positive prenatal and postnatal health care, education related to child development and parenting, and goal setting directed toward combining roles of parent, employee, and student. Preventing subsequent pregnancies and making students aware of family planning options increases the likelihood that students will remain in school. This year about sixty GRADS programs are functioning throughout the state of Ohio.

A GRADS program may be organized with one teacher/coordinator, a home economist, teaching GRADS classes at one or two schools or traveling to several feeder schools. The stationary GRADS coordinator meets with participants the same time period five days a week. A traveling coordinator sees students who are allowed out of their regularly scheduled classes for two forty minute periods per week. Projects done outside of school and seminar attendance enhance class time spent on parenting education and work orientation.

The GRADS instructional program provides individualized instruction, counseling, and networking for each student. Networking is maximizing services through shared knowledge of community resources. Students judge for themselves which services they need to help them gain their economic independence. Refer to chart 2 for further detail.

Working to improve self-esteem is one of the main thrusts of GRADS. Each teen parents needs to accurately assess their abilities before deciding what goals to pursue. Combining the roles of parent, student, and sometimes an employee is very difficult.

As a result of the GRADS program there has been a reduction in the school drop out rate for pregnant girls and young fathers. Of the 1281 GRADS students in the 1984-85 program only 12 percent dropped out of school. The National Center for Educational Statistics reports a national drop-out rate of 80% for adolescent parents.

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INTRODUCTION

Childbearing by teenagers is still one of society's ever increasing problems. Fifty percent of young people between the ages of 15 to 19 are sexually active (McGuire). Sexual messages are everywhere. According to the Guttmacher Institute study, in 1975, close to 13 million girls worldwide became mothers before becoming adults. One in five women who give birth each year is an adolescent. Ninety-six percent of these teenage mothers aren't married, but keep their babies.

Today, pregnancy, in some circles, is instant prestige; and, if there's trouble at home, it is the very best way to spite parents (Oeltinger and Mooney, p. 49). Adolescent girls tend to rationalize their decision to have a baby in a number of ways. They may perceive the baby as a way of insuring a boyfriend's love. The baby may provide them with someone to love who will love them in return. For some, having a baby is a way of proving they are womanly and adult.

Teenage pregnancy may be the result of misbehavior exhibited by a depressed teenager, who has become sexually promiscuous (Griffin, p. 222). Incest also accounts for some teenage pregnancies. However, many teenage pregnancies are the result of statuatory rape (Stuart and Wells, p. 8).

Most teen pregnancies are unplanned and unwanted. The Guttmacher Institute estimates 80 percent. With low school achievement, and limited employment opportunities, there is little reason for these young women to terminate the pregnancy or to prevent the next one. One out of every five pregnant teenagers gets pregnant within one month of starting to have sex (Christopher, p. 26).

Teenage pregnancy is a very complex problem. The subject raises several politically explosive social issues. These issues are: the battle over abortion rights; the accessibility of contraceptives for teens; sex education in public schools; controversies about welfare programs; and the state of the black family today (Stengel, p. 80).

In Ohio in 1984, there were nearly 16,000 white infants and over 5,000 black infants born to teen mothers. The Ohio counties with the highest teen pregnancy rates are rural Appalachian communities with virtually all white population, such as Lawrence County (Children's Defense Fund -Ohio, 1986).

GRADS is one program in today's schools that deals with the teenage pregnancy problem. Ohio is leading the way by pioneering this unique approach in meeting the needs of pregnant teens and adolescent parents.

GRADS

GRADS (Graduation, Reality, and Dual Role Skills) is a vocational home economics in-school, secondary program for pregnant students and/or young

parents. The main goal of the program is to keep these teens enrolled until they graduate. Chart 1 shows the interaction of these goals.

Curriculum includes: positive prenatal and postnatal health care, education related to child development and parenting, and goal setting directed toward combining roles of parent, employee, and student. Preventing subsequent pregnancies and making students aware of family planning options increases the likelihood that students will remain in school. This year about sixty GRADS programs are functioning throughout the state of Ohio.

A GRADS program may be organized with one teacher/coordinator, a home economist, teaching GRADS classes at one or two schools or traveling to several feeder schools. The stationary GRADS coordinator meets with participants the same time period five days a week. A traveling coordinator sees students who are allowed out of their regularly scheduled classes for two forty minute periods per week. Projects done outside of school and seminar attendance enhance class time spent on parenting education and work orientation.

The GRADS instructional program provides individualized instruction, counseling, and networking for each student. Networking is maximizing services through shared knowledge of community resources. Students judge for themselves which services they need to help them gain their economic independence. Refer to chart 2 for further detail.

Home visitation creates an awareness of stressful situations that students are experiencing. They are especially helpful while the student is home after the birth of the baby. The instructional, counseling, and support facets of GRADS are what makes the program unique.

PORTRAIT OF THE ADOLESCENT PARENT

Some GRADS students have this to say about being a parent. Barbara, a lanky brunette and the seventeen year old mother of Michael, age two and half, shares: "I believe being a parent is a'tuff' task. I really enjoy being with him but I like to get out too. My mom helps me out so it is not so bad being a parent. I treat him real good. He is good to me too." Cynthia, a tall, black senior and young mother of one year old Leah states: "I think being a parent is a lot of work. I like it but sometimes I wish I wasn't but I guess I don't have a choice because I wouldn't give her up for nothing. At first it's complicated but after awhile its allright. You just have to be patient with them. It's fun after awhile hearing them call you mom or dad."

Furstenberg conducted a study with low-income black females in their midteens who were premartially pregnant for the first time (Furstenberg, p. 218). A diversity of responses to the common event of early parenthood was reported to be one of the most impressive findings in the study. Follow-up five years later showed three distinct patterns. Some women had hastily married the father of their child and were still married. Other women achieved economic independence by putting off marriage indefinitely and resuming their education. The last group was unsuccessful in supporting a family on their own; at age 21 they resigned themselves to being poor. Each of these was an attempt to deal with problems caused by early parenthood.

The GRADS program in Lawrence County Ohio is now three years old. Annual follow-up studies are showing this pattern of diversion. Other

findings in the follow-up study show much dependence on the grandmothers of the teenage parents babies. Many of these grandmothers were teenage parents themselves, showing the cycle of the teen mom through two or three generations.

Porter (1979) lists the following similarities of single parent families:

1. Many girls, who are highly motivated to continue their education, drop out of school due to lack of child care.
2. Alienation from her friends, and inconsistency in her behavior and attitudes with others exist.
3. She is still seeking to determine her identity.
4. Earning enough money to support herself and the child without living with parents is an ever present problem.
5. Support systems are often limited leaving the mother to cope with stress alone. (Child abuse is common among teenage parents.)

GRADS students show these characteristics in their everyday living. Some of them have great difficulty overcoming them. The ones who are unsuccessful, become a junior or senior high school dropout.

The following case study clearly illustrates these characteristics and the instructional and counseling components of the GRADS program. Tina, a petite sixteen year old blonde, was pregnant at the beginning of her junior year. Her boyfriend, nineteen, wanted marriage, but she decided that going to school, having a baby, and getting married would be too much to handle. Tina said, "No". GRADS classes reinforced the decisionmaking skills that Tina was quickly developing.

During her pregnancy, GRADS encouraged good nutrition, and exercises to help with delivery. A hospital tour was made. Labor and delivery information was studied in detail. Baby Gloria, delivered by Caesarean section, was born in January. Two weeks later, Tina returned to school (not the four to six weeks recommended). She completed her junior year with good grades and a growing sense of responsibility toward Gloria.

Home visits and telephone contact throughout the summer encouraged Tina's return to school. She returned in the fall of 1985 to complete her senior year. She continues to date the father of her baby, but not with the approval of her family.

Receiving child support was a problem which her GRADS teacher encouraged Tina to pursue. With the help of legal counsel she now receives a monthly support payment. Tina received emotional support and encouragement from her family, GRADS teacher, and class to remain in school. She graduated in 1985 and is now working part-time as well as being the single parent of a toddler. Although living with her parents, she makes regular car payments for a new car. Tina hopes to begin college part-time this coming fall.

MEDICAL IMPLICATIONS

Young teens, especially fifteen and under, are high risk for developing toxemia and delivering pre-mature or low-birth weight babies. There also exists the strong liklihood that they are not eating properly. They are 9 percent more likely to have anemia, and 23 percent more likely to have complications related to prematurity, than mothers aged 20 to 24 (Stengel, p. 87)

The exposure to sexually transmitted diseases must be considered. AIDS virus may be passed to an unborn child by a mother who is a carrier.

Some pregnant teens use alcohol, tobacco, or drugs. Encouraging them to drop their use of these and junk foods is a continuous process for GRADS.

Good nutrition is clearly basic to the health of the young mother and to her unborn child. The GRADS program teaches the pregnant teenager how to achieve a daily intake of 2,400 calories a day in the first trimester and 2,700 calories during the second and third trimesters. Protein sources, such as pizza, peanut butter, cottage and cheddar cheese are emphasized as alternatives for meat. Vitamin supplements may be administered by her physician.

Special encouragement is given in GRADS to help these teens remain physically active. Activities in which she engaged previously, such as walking, swimming, tennis playing, may be continued. No new sports need to be added. After the birth of the baby and the teen's six-week check up, GRADS helps students return to the shape they were before the baby's birth.

Teens tend to have low-birth weight babies, these infants may have related problems. Mental retardation, cerebral palsy, and other birth defects are associated with low-birth weight. Babies born to teen moms are twice as likely to die before their first birthday compared to those in the general population. Only one in five girls under the age of fifteen receives any prenatal care at all during the vital first three months of pregnancy (University of North Carolina School of Medicine). GRADS emphasis on early prenatal care, good nutrition, and a safe environment works to combat this problem. Good health contributes to a healthy infant. Teens want bright, normal children; GRADS shows the way.

ECONOMIC IMPLICATIONS

Taking care of a baby costs a lot of money. The expense of a baby with no responsible father seems to fall hardest on the middle-class family that opts to include the infant in it's own circle. Young men are rarely in a position to support a young mother and child due to an unemployment rate of 47 (Height, p. 72).

The cost of having a baby was set in a congressional report by Joseph Califano, Secretary of HEW, at $1,600, including all prenatal, delivery, and postpartum services (Oeltinger, p.110). During the first year of life, a baby cost $579 in 1958, $11,835 today. The projected cost for raising a baby born between 1978 and 1998, from birth to eighteen, has been projected at $84,000 without a college education. These projections were made by researchers on the Community Council of Greater New York.

All pregnant adolescents, especially those fifteen and under, are at a higher risk of having infants requiring extra medical care. The teenage mothers often need additional hospitaliztion and postpartum care. Therefore, their expense of having the baby is even greater.

In addition to medical expenses, becoming a teenage parent creates an educational deficit for mothers and fathers. Young mothers earn half of the median income ($7,750) earned by families without a teenage pregnancy. Two thirds live below the $6,682 poverty level. The teen father fares little better and these young mothers who do not live with the child's father are less likely to receive child support payments. Consequently, nearly one-fourth of all teen mothers receive federal support through Aid to Dependent children program. Day care is an essential service if they are to better themselves educationally and enter the job market.

GRADS helps the teenage parent become aware of community resources, which give support if they are enrolled in school. Reducing their educational deficit is one goal of the GRADS program. Graduation from high

school is the first step to helping them gain economic independence. It is important that teenage parents gain a sense of the future.

Not all teenagers are model parents. Often states must intervene in cases where abuse or neglect is suspected. Such interventions come at a considerable cost. In Illinois, state officals calculated that teenage pregnancy cost $853 milllion in medical care, day care , welfare and other social programs last year. It has been estimated that overall, the U.S. spends 8.6 billion on income support for teenagers who are pregnant or have given birth (Stengel, p. 87).

In general, research has shown that parenting is a learned skill. Infant stimulation and interaction is an important part of parenting. Meeting the physical, emotional, and social needs of growing children is especially hard for parents who are still growing themselves. Discipline is also hard for them to handle. The GRADS curriculum helps parents know what to expect as their children grow and change.

SOCIAL IMPLICATIONS

The problems related to teenage pregnancy go beyond personal tragedy. The new family pattern emerging today includes the young single parent, the children that she began bearing in her teens, and her grandchildren. The days of the shot-gun wedding have now past.

In ever-growing numbers, the black teenagers who have babies never do marry. They head their own households and depend primarily on public assistance. At age 30, they may be grandmothers to their unwed children's babies (Height, p. 76).

Moreover, the sexual revolution seems to have moved from the college campus to the high school and now into the junior high and grade school (Stengel, p. 81). Pregnancy is the most common reason for teenage girls to dropout of school, and only half will ever complete their education. Adolescent fathers are generally less responsible for the early care of the child. The younger the parent at birth, the greater the educational setback. Child care often becomes a problem.

With no one to watch the child, school becomes impossible. Many remain careless about birth control. About 15 percent of pregnant teens become pregnant again within one year; 30 percent do so within two years (Stengel, p. 87). GRADS works with students giving them accurate information on birth control with hope of preventing subsequent pregnancies.

Sex education curriculum causes clashes at school-board meetings and in communities. On one side are those like Wattleton of Planned Parenthood who argue that Americans should learn to accept adolescent sexuality and make guidance and birth control more easily available as it is in parts of Europe. On the other side are those who say sex education is up to the parents, not the state; teaching birth control simply condones promiscuity.

Teaching sound communication skills to use in a relationship or marriage is an important part of GRADS. Developing or revising a value system that places their role as a parent as a top priority is essential. A sense of responsibility toward themselves and their children is imperative. Having the desire to achieve either in school or in a career, is a goal reached for by all. Acquiring the skill of making sound decisions based on the gathering and weighing of information can be used continuously throughout life. Most GRADS students do stay in school; 88 percent have either graduated or are still enrolled in high school in Ohio statewide in 1986.

EMOTIONAL IMPLICATIONS

Two out of five girls will become pregnant before they are 20. Before pregnancy, most of them think, "It'll probably never happen to me." Each day, the emotional pain is multiplied many times (Christopher, pp. 25-26). Denying the pregnancy at first is an often reoccurring situation with teens. Many stop going to school and withdraw from their friends; for them it's the end of their world. GRADS individual counseling and referral system helps them cope. They also draw strength from others in class.

Shifting from adolescent behavior to adult behavior places unwed pregnant girls in a conflictual situation. Therefore social and psychological services are often necessary. The assumption of adult responsibilities is difficult for them. Unfamiliar and far-reaching decisions must be made. The pregnant teen's self concept changes as she incorporates her new experiences into her self identity (Bedger, 1980).

Some girls expect to be bailed out by a boyfriend - but that seldom happens. In fact, pregnancy often spells the end of a relationship. Some teenage boys, however, do care. Diane Turner, head of Insights, a program for teen mothers and fathers in Portland, Oregon, says she found many young fathers want to help their child - even when they are no longer close to the mother.

Teen fathers often don't know what is expected of them. Being responsible is more than just coming up with the money. Babies and their moms need love and a sense of belonging, as well as someone to help change diapers. A young black father enrolled in GRADS explains: "I feel the responsibility for having a child of my own. I look forward to seeing him grow up."

Boys are rarely forced to assume responsibility for their half to the pregnancy. Sometimes a boy's parents add to his dilemma by urging him to ignore his girlfriend's crisis. Some boys trick the girl into having sex in the first place. One Chicago study found that 70 percent of the boys polled said it was all right to lie and tell a girl they loved her in order to persuade her to have sex (Christopher, p. 41). This adds pain to other mixed emotions of doubt, guilt, happiness and sadness.

Disapproval from the adults in their life does little to contribute to a healthy concept of self. Lack of self-esteem is recognized as a problem for teen parents. They may feel the only one who approves of them is their baby.

Working to improve self-esteem is one of the main thrusts of GRADS. Each teen parents needs to accurately assess their abilities before deciding what goals to pursue. Combining the roles of parent, student, and sometimes an employee is very difficult. There is no other emotion more fulfilling than success, especially for these teenage parents.

CONCLUSION

For teenage boys and girls alike, perhaps the biggest problem is understanding how tough life can be with a baby. Clearly, there is a greater amount of sexual activity among adolescents. The rate of premarital pregnancies among teenage women almost doubled between 1971 and 1979. However, the average age at which women began intercourse has remained around sixteen since 1971 (Stuart and Wells).

Statistics complied by the Guttmacher Institute in New York state that an average of 3000 pregnancies occur daily resulting in 1.15 million teen pregnancies a year. Of these pregnancies, 537,000 ended in live births;

half of these were out-of-wedlock. Ninety-six percent of all unmarried teen mothers will keep their babies. This 1.15 million also included an estimated 153,000 miscarriages and 460,00 abortions (Dryfoos, p. 13).

Early motherhood leads to a vicious cycle of loss of opportunity. Pregnancy is one of the most common reasons for teenage girls to drop out of school and only half will ever complete their education. A dependency on welfare is developed and passed on to subsequent generations. It's very difficult for young mothers and fathers to remain in school. Some of these adolescents were marginal students before they became parents. It's difficult for them to cope with the dual role of student and parent. Resuming education presents several obstacles. Adequate child care and readjusting to the student role are two that are difficult to deal with.

As a result of the GRADS program there has been a reduction in the school drop out rate for pregnant girls and young fathers. Of the 1281 GRADS students in the 1984-85 program only 12 percent dropped out of school. The National Center for Educational Statistics reports a national drop-out rate of 80% for adolescent parents.

At the end of 1979, the Children's Advisory Panel of the U.S. National Commission, which has 25 members aged 10 - 18 said: "Teenage pregnancy harms not only adolescent parents but also the child. Present efforts are not lessening the problems. Prevention methods fail to have impact. They recommended these five steps for improved teenage pregnancy prevention:

1. Develop together (parents/students/teachers) a Family Life Curriculum and require it for kindergarten to grade 12. Cover nutrition, sexuality, divorce, teenage pregnancy, health, child abuse, and more.
2. Accompany the curriculum with workshops or open-discussion forums on sexuality in an atmosphere where teachers, parents and kids can talk together.
3. Include counseling for boys and girls, in school and out, by peers and by professionals, coordinated by guidance counselors.
4. Make it easier for teens to get contraceptives, plus information and guidance.
5. Direct special effort toward out-of-school youth through community services/clubs, the media, displays, and youth festivities" (Woolley, p. 3).

Our social institutions, such as the school, welfare system, and labor unions must be held accountable for the future lives of our children. Schools are in a unique position to exert much needed leadership to help provide some services needed by teenage parents. In the past, the pregnant student has been removed from regular school and placed in a special program, and then returned after delivery (Concerns). This approach stops services at exactly the point when the most severe difficulties arise. The environment that sows the seeds of early parenthood must be changed to include realistic opportunities for the teenager to succeed in today's world. Ideally, a program emphasizing prevention needs to be implemented. Presently, Ohio's Department of Vocational Education, Division of Vocational Home Economics, is providing a program that makes changes in the lives of teens already pregnant or parents. GRADS is working, and making a difference. Helping these young parents take charge of their future, is one goal GRADS emphasizes continuously.

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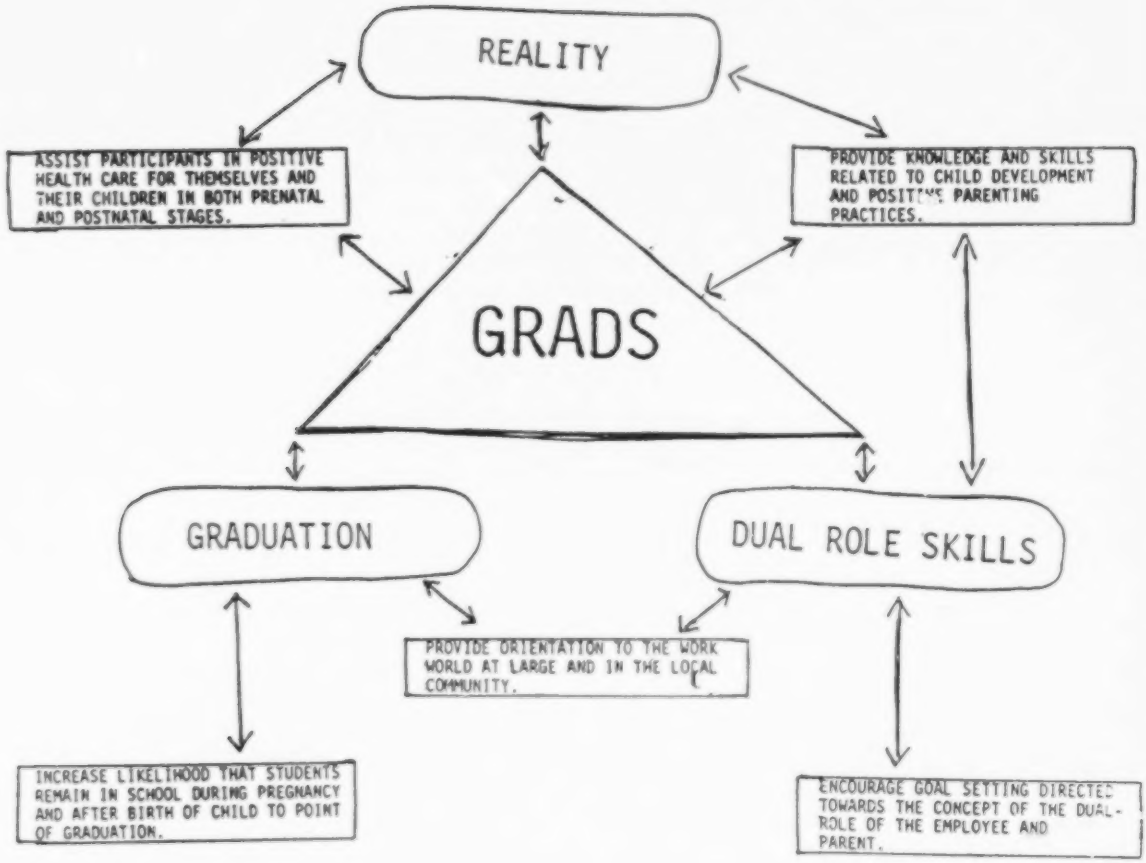
REALITY
ASSIST PARTICIPANTS IN POSITIVE HEALTH CARE FOR THEMSELVES AND THEIR CHILDREN IN BOTH PRENATAL AND POSTNATAL STAGES.
PROVIDE KNOWLEDGE AND SKILLS RELATED TO CHILD DEVELOPMENT AND POSITIVE PARENTING PRACTICES.
GRADS
GRADUATION
DUAL ROLE SKILLS
PROVIDE ORIENTATION TO THE WORK WORLD AT LARGE AND IN THE LOCAL COMMUNITY.
INCREASE LIKELIHOOD THAT STUDENTS REMAIN IN SCHOOL DURING PREGNANCY AND AFTER BIRTH OF CHILD TO POINT OF GRADUATION.
ENCOURAGE GOAL SETTING DIRECTED TOWARDS THE CONCEPT OF THE DUAL-ROLE OF THE EMPLOYEE AND PARENT.

CHART 1

MEETING INDIVIDUAL NEEDS THROUGH GRADS

STUDENT	SITUATION REVEALED IN COUNSELING SESSION	PRIORITY INSTRUCTIONAL NEED	COMMUNITY CONTACT
Suspected Pregnancy	Denial of Condition Anxiety in Telling Parents	Confirmation of Pregnancy Nutrition Education Environmental Hazards Options Available	Dr. Appointment School Nurse Guidance Counselor
2nd Trimester and/or Teen Father	Poor Eating Habits Girlfriend is Moody Electricity Disconnected	Continued Nutrition Education Fetal Development Physical/Emotional Changes	WIC Attend Clinic Together Community Action
Near Delivery	Anxiety of Upcoming Birth What to do with Newborn Lack of Layette Items Payment of Hospital Bill	Labor and Delivery Hospital Procedures Newborn Characteristics Community Resources Budgeting	Lamaze Classes Hospital Tour Experienced Mom Guest Local Crisis Closets Hospital Social Serv.
New Mom	Baby's Intestinal Problems Postpartum Depression	Feeding/Bathing Newborn Activities for Newborn - 3 mo. Stress Management	GRADS Home Visit WIC Health Dept. Mental Health Office
Teen Father	Problems Living with In-Laws Sick Child Jealous of Time Baby Requires	Communication Skills Decision-making Skills Childhood Illness/Emergencies Physical Needs of Children	Low-Income Housing Dr. Appointment GRADS Home Visit
Mother of Toddler	Babysitting Needs Need to Seek Employment	Job Search/Application Balancing Dual Role Assessing Child Care Options	Vocational Assessment Dept. Human Services Child Care Centers